TEST . The state of the the state of the s

8 % A	-	11318 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11299
please exe 4 shauld be cremation	_	1. PLACE OF DEATH e. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) G. STATE D. COUNTY MARYLAND
Page, Page	VI)	b. CITY OR TOWN (If outside perporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
is nector.	V	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1 ON A FARM? YES NO ID NO ID
ny dela neral d yaur i ngistrar	9	3. NAME OF DECEASED Lost 14. DATE Manth Day Year OF OF DECEASED LOST 1960
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ses 1, 2, of 5 may by ges 1 an		13. FATHER'S NAME ALDER S NAME
in 24 hour		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (You. no. or unknown) 57877-5787
ed with 18. Gi- n PM3. ermit.		18. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) OR NAME OF DEATH OCC 10.51 D.11 OCC 10.51 D.11
in Item iith forr		Due TO Conditions, if any, which)
pencil		gave rise to immediate couse (a), staling the underlying cause lost.
ng: in Office ed as a		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? TO DO ADDING BOOK TO DESCRIPTIONS OF THE PROPERTY
is certifi in pendi in iner's id be use		200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
NER: The ward col Exert 3 should		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (Stote) Hour a. m. While Nat while factory, street, office bldg., etc.) y, m. 19 of work at work
EXAMII rriting the ef Media R: Page	S.	21. I certify that I tack charge of the remains described above, held an Autopsy . Inspection I Inquiry and find that death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
MEDICAL Hificate, v a the Chi DIRECTO		ACTUAL CALL AND CO. STANDING TO DATE SIGNED
	eglishi.	EXAMINER'S ASSISTANT MEDICAL EXAMINER
cute the forwarde		NAME (Type) DEPUTY MEDICAL EXAMINER D 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote) REMOVAL (Specify) DEPUTY MEDICAL EXAMINER D 22d. LOCATION (City, fown, or county) (Stote)
VS. A15ME(5)	De	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D 8Y REGISTRAR'S SIGNATURE
5M 9/55		Fell Cell fre a Chale Forte 113 60 ailm S. Trans

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

STATE OF STANSACT EXAMINER'S DESCRIPTION OF DEATH

DATE THEREOF

23c. NAME OF CEMETERY OR CREMATOR'

ADDRESS

23b.

4. DATE

DIRECTOR [

250. REC'D BY REGISTRAR

PHYS.

DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? Manth Day Yeor 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthday) Months Min. Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO P (County) (State) , that (I) (well last and that death accurred a 230M, from the causes and an the date stated above. 23d. LOCATION (City, town, or county) (Stote) 25b. REGISTRAR'S SIGNATURE Cilling S. Kraus

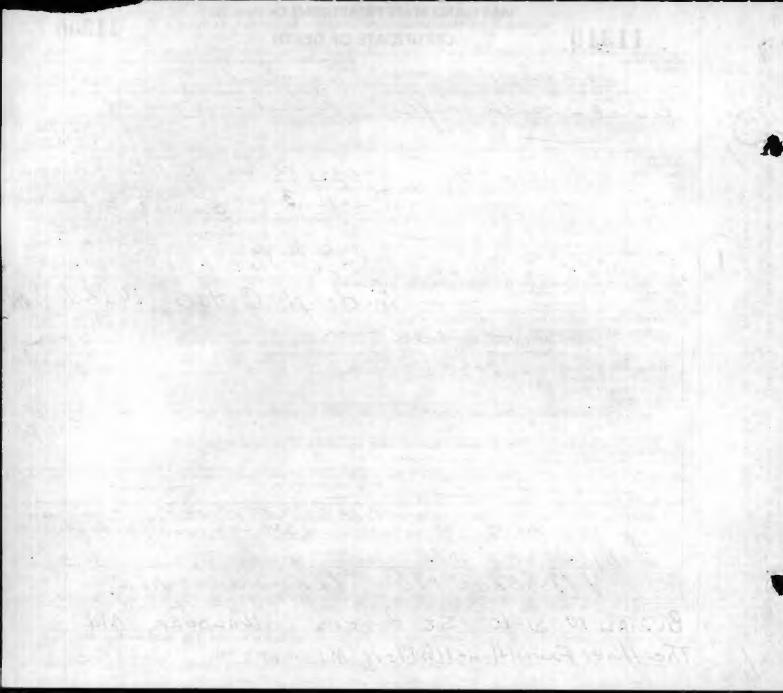
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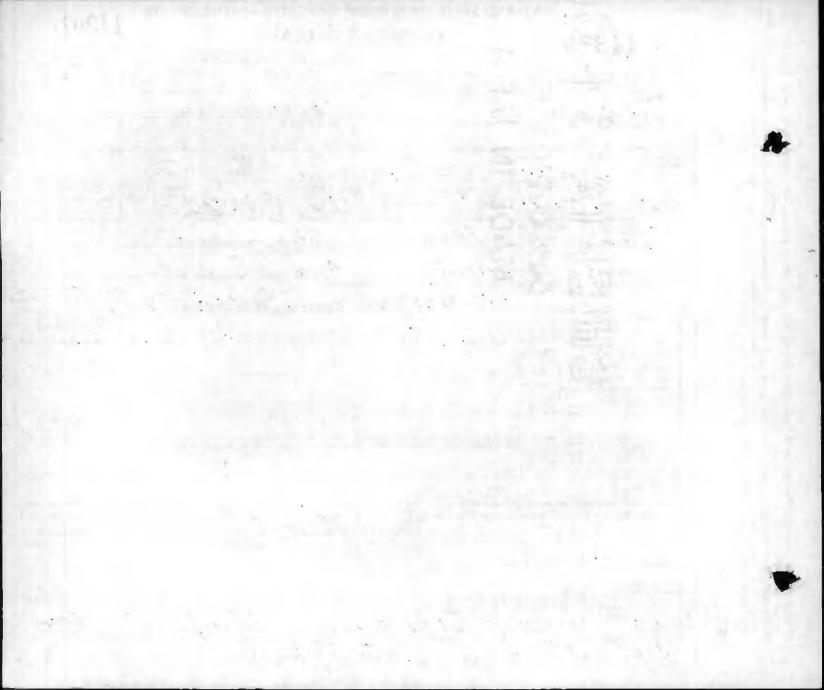
BURIAL, CREMATION,

24. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)



1	中	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 9 FilmG273 10-18-60 et CERTIFICATE OF DEATH	01
4 25	7	Reg. Dist. No.	
Page director	XI)	PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before b. COUNTY b. COUNTY	admission)
eral or fill be fill		b. CITY OR TOWN (If butside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)	est lown)
fune fund b		ffletourg fletourg	
of 2 should 2 should 2 should 2	X	OK INSTITUTION /	IS RESIDENCE ON A FARM? YES 1 NO
Wed in	•	NAME OF DECEASED (Type or print) CLEVELAND And Middle Lost OF DEATH OCCEPTOR OF DEATH	Year 1960
L Polithii)	6. COLOR OR RACE 7. MARRIED AND NEVER MARRIED 8. DATE OF BIRTH WILL WIDOWED DIVORCED DELLE 1897 Months Doys Months Doys	Hours Min.
d compleant	/	Da. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State of foreign country) 12. CITIZEN OF V	VHAT COUNTRY?
e be ex an and carban after de		3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
is e		Frank Herelesly Mary Swown	
ng ph remerement		(es, no, or unknown) (If yes, give war or dates of service) 17-36-85-42 Lile on Stadards Leave	Burgi
death trendir please within		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	VAL BETWEEN
the at Then Then vent w		DUE TO DUE TO	months
es tha ed by mit. ony e		Canditions, if any) which (b) clicabeles 5-	Paro
require		couse (a), stating the <u>under-</u> lying couse last.	
physicia physicia as been ial-trans ioval, ar	F6	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	WAS AUTOPSY PERFORMED? YES NO [Z]
IAN: TI ending ficate h the bur	0		
PHYSIC ial or att this certi r use as emation		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while at wark at wark at wark 19 drawn at w	(State)
hospii After ned fa		21. I certify that I attended the deceased fram CC , 1957, to 90-07 , 1967 that I last saw	the deceased
TTEN TOR: Jetach	-	alive an	tated abave. DATE SIGNED
DIRECTION Prior I		SIGNATURE M.D.	
A Nou	- 1	PHYSICIAN'S NAME (Type)	t and any reproduct one has been taken the other taken.
o Hospi may be o FUNER page 3 s	P	REMOVAL (REMOVAL (REDECTED)) 10-12-60 22c. NAME OF CEMETERY OR CREMATORY 12d. LOCATION (City, town, or country) 12d. LOCATION (City, town, or country)	(State)
VS A15 (4) 15M 9/58	di	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE COLOR 1 3 '60 CALLAND & KINA	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11321 CERTIFICATE OF DEATH

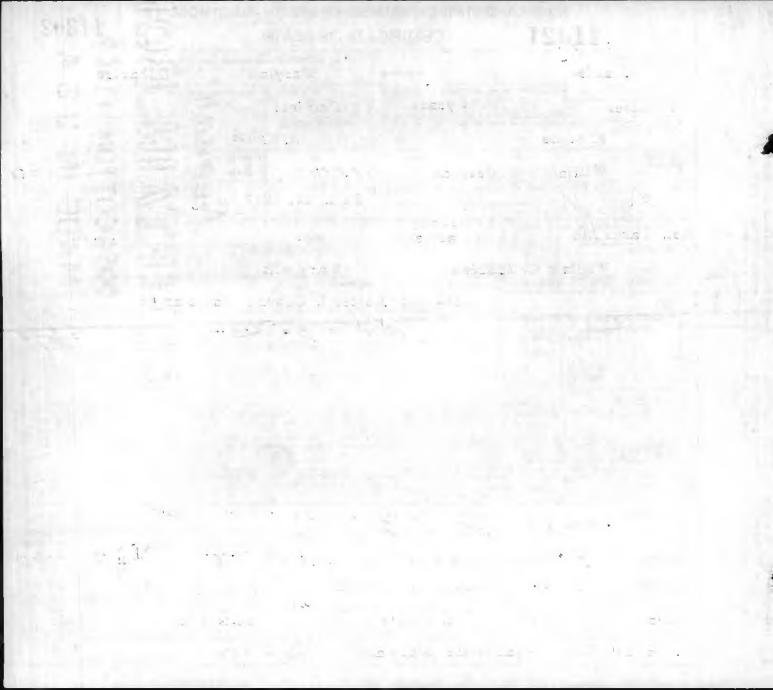
11302

エエンドエ	Reg. Dist. No.
1. PLACE OF DEATH G. COUNTY Charles MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTYCharles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Pomfret c. LENGTH OF STAY IN 1b 4 years	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pomfret
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION R. Route	d. STREET ADDRESS R. R. Oute o. IS RESIDENCE ON A FARM? YES \sum NO \textsquare NO \textsquare
3. NAME OF DECEASED (Type or print) William Derilias	Lost 4. DATE Month Day Year OF DEATH OF 2 2 19 GT
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Sept. 22, 1877 9. AGE (In years left birthday) 83 yrs. FUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min. Mi
10a. USUAL OCCUPATION (Give kind of work dane during most of working life even if retired) Ret. Farm Aid of Maryland	Table 11. BIRTHPLACE (State or foreign country) Md. 12. CITIZEN OF WHAT COUNTRY: U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William C. Jeffries	Mary Hitt
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [If yes, give wer or dates of service]	NFORMANT Address
	ester I. Coburn Same as #2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	dage interval Between onset and Death
Conditions, if only, which gave rise to immediate cause (a), stating the under-lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATIC	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Port II of item 18.)
	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.) (City ar town) (County) (State
21. I certify that I oftended the deceosed from Buly olive on 10 21, 1960, and that death ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) F. M. SOHALSON 18	M.D. La Rluta Ind
220. BURIAL CREMATION, BENOVAL (Specify) 22b. DATE THEREOF St. John's	Beltsville, (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville, Maryla.	nd DATE OCT 2 6 '60 Carthur & Kraus

s after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho. TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no may be released by the hospital or attending physician.

TO FUNERAL GIRECTOR: After this certificate has been signed by the attending physician and campletely filled it page 3 shauld be detacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 at the registrar priar to burial, cremation, or remaval, and in any event within 72-hours after death. VS A15 [4] 15M 9/58

be filed with the funeral directar,



11299

TO HOSPIT. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs after death. Page 4 may be ed by the hospital ar attending physician.

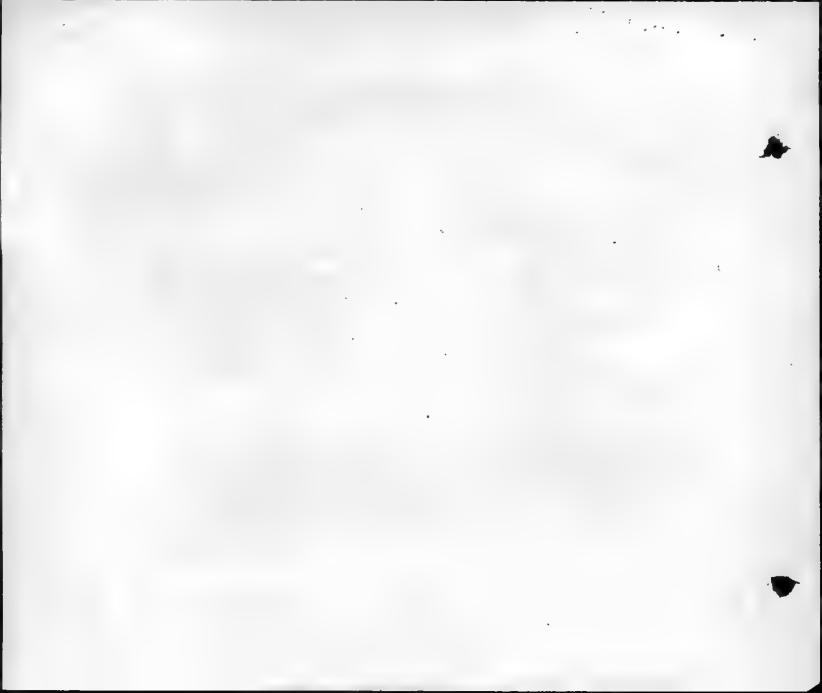
TO FUNERAL PIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Baard at Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11202

	エエのたと	CEKTIFICA	IE OF DEATH	11000				
	1 PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE	d. If institution Residence before admission) b. COUNTY				
	Char.Les		pric.	CARLES				
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)				
	WALdort	6 WKS	2 WALdort.					
	d NAME OF HOSPITAL (If not in hospital, give street or OR INSTITUTION	ddress)	d. STREET ADDRESS	e is residence on a farm? Yes M No []				
gir.	2 NAME OF	h	I Dane					
	3. NAME OF First DECEASED (Type or print)	Middle	Losi 4. DATE OF DEATH	Month Day Year				
	S SEX 6. COLOR OR RACE 7- MARRIE	ED NEVER MARRIED	8 DAJE OF BIRTH 9 A	GE (In years IF UNDER TYEAR IF UNDER 24 HRS.				
	Jenala White WIDOWED		March 17 1900 1	birthdoy) Months Days Hours Min.				
	100. USUAL OCCUPATION (Give kind of work done 10b. Kind of work done) 10b. Kind of working life, eyen (firetired)	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or foreign countr	y) 12. CITIZEN OF WHAT COUNTRY?				
	Horose borde	Lell	Va	USA				
	13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME					
	Form lireant		Unha.	m				
	15. WAS DECEASED EVER IN U. S. ARMED, FORCES? 16. SC	OCIAL SECURITY NO. 17	IFORMANT	Address 1 1 31 Al				
	10 15/	19-01-1890	Francis Sentos	in Walitay, Kal				
	18. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), and (c).]	, , //	ONST/AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	mun carliel	Indanction	Dog				
	DUE TO		V	, ,				
	Conditions, if ony, which) (b) Stempers Confin You Revel arteriorderness							
	gove rise to immediate							
	tying couse lost. Columbia C							
	(0)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY				
ſ	PART II. OTHER SIGNIFICANT CONDITIONS CO			PERFORMED?				
	206 ACCIDENT WAS UNDERLYING 206 DESCR	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II o	of item 18.)				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	3 20c. TIME OF INJURY Month, Doy, Year 20d INJ		ACE OF INJURY (Home, farm, 20f (City or	town) (County) (Stole)				
	Y 20c. TIME OF INJURY Month, Doy, Year 20d INJ Hour a. m While of work	1401 #11116	ctory, street, office bldg., etc.)					
	21. I certify that (I) (this haspital) attende		10-10 10 to 10	- / () 19 / that (12/14) lass				
	22o SIGNATJRE							
1	1 3 2 2 20		M.D PHYS ATTENDING MED.	TAFF SIGNED				
I	22c. PHYSICIAN'S		22d ADDRESS					
	NAME (Type) Richard H. T	Dibsiu	Brandy	n and a				
	23a, BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY . 23d LOCATION	(City down, or county) (Stote)				
	REMOVAL (Specify) A 13 15 60	Fort Fine	oly Cem Mar	hanter DC.				
,	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ,	2So. REC'D BY REGISTRAR	256 BEGISTRAR'S SIGNATURE				
	Honk Foreral Hon	m. Woldon	DATE DATE	anthur S. Frank				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11323 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11304 Reg. Dist. No.

		PLACE OF DEATH	g. STATE	Vhere decease	d lived. If institut	/ 1/	fore admission)
	-	D. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 1b	1110	71160	170	-11d	2625
		and give hearest lower /	c. CITY OR TOWN (III	dutide corp	Droje limins, write	MAKAT and dive t	learest town;
	-	TAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	21_/	1eau	· ·	e. IS RESIDENCE
*	7	hysicians Memorial Host				- 1	YES NO IX
	3. 1	NAME OF First Middle	- Last	4. DATE	Month	Day	Year
		(Type or print) AMMOND 20	HNSON	OF DEATH	10	/	1960
	S. S	EX COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 8.	DATE OF BIRTH	GIA	9. AGE (In years loss bythday)	Months Days	IF UNDER 24 HRS.
		WIDOWED DIVORCED D	ept. 23 /	7/3	45 yn.		
	10a	. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTI luring most of working life, even if retired)	RY 11. BIRTHPLACE (Stote	or foreign co	untry)	12. CITIZEN O	F WHAT COUNTRY?
	12	FATHER'S NAME	10/dry	Ldh	0		
	13.	11/2 +/ Tables	14. MOTHER'S MAIDEN N	CAWE _	7. 6		
	15.	WAS DECEASED EVER IN/U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT	ي ر	Address	Tondi	an Ha
	(Yes.	, no, or ynthinwn) (If y/n, give wer or dates of service)	ary Job) h so	n. Po	Tomac	Hite Mi
		18. CAUSE OF DEATH [Enter only one cause per line (a), (b), and (c).]		1	7	INTE	RVAL BETWEEN ET AND DEATH
		PART 1. DEATH WAS CAUSED BY: [Helbrul the	ways bell	- Sh	I files	1	n-1-60
V		S/3 X DUE TO Y	7	1	1	1	
		Conditions, 15 any, which of West, Curry gave rise to immediate cause	1 prac	- pl	Not ly	E Trace	
		(a), stating the underlying DUE TO	auto) /			
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT PELATED TO THE TERMI		CONDITION GIVE	NI INI BART MAN	O WAS ALITORS
1	CATION	THE R. STREET STATE OF THE STAT	Of REDAILD TO THE TERM	INALDIJEAJE	COMBINON ONE		PERFORMED?
	THIC	200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. (En	nter/nature of injury in Port	I or Part II o	if item 18.)		IN THE
	_	200. EXTERNAL CAUSE WAS PRIMARY II or CONTRIBUTING II CAUSE OF DEATH.	A 2/0 -	This	by air	5	
	MEDICAL	A. I forton	E OF INJURY (Home, farm ry, street, office bldg., etc.)	20f. (City	or 16wn)	(County)	(Stote)
9	MEC	Haur o. m. 10 -1 19 (co at work of wark	, 2/3	'		/	1 1
		21. I tertify that I taak charge af the remains described above	re, held an Autopsy	y 🔲, In	spectian 🖳	Inquiry 🔲	, and find that
		death resulted fram: Natural causes [], Accident [], Suic	ide 🔲, Homicide	, Un	determined co	ouse .	
		ACTUAL / A DOC -	CHIEF HERICAL EV	******			DATE SIGNED
		SIGNATURE / CARLO CECETA	_M.D. CHIEF MEDICAL EX	4444			
		EXAMINER'S FILE ALE AL	DEPUTY MEDICAL E			10-	1-60
	220	BURIAL CREMATION, 226 DATE THEREOF 22C. NAME OF CEMETERY-OR (CREMATORY	224 100411	ON (City, tawn, or	r county)	(Stote)
	L	JUNIAL WOT TIME WAR GY	rove	1/2,	nfemo	14. IV	1d.
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 1126de	240. REC'D	OCT 5	AR 24b. REGIST	DIAR'S SIGNATU	RECOMM
	/ /	001/10 101/-1000 1/01/-	DATE	UL I 3	04	-	

VS. A15ME(5) 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11308 3 Rea, Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES 🔲 NO 🛐 Month Day Year 10-10-60 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE Un years Months Days Hours Min 12. CITIZEN OF WHAT COUNTRY? USA Address INTERVAL BETWEEN ONSET AND DEATH Immediate Indefinite Indefinite PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES 🗍 NO 😭 (County) (State) and that death accurred at 4:30P M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED 17-Potemac Aus Indian Head Md. 10-11-60 LOCATION (City, town, or county) (Stote) 246 REGISTRAN'S SIGNATURE DATE OC '60 arthur & Kraus

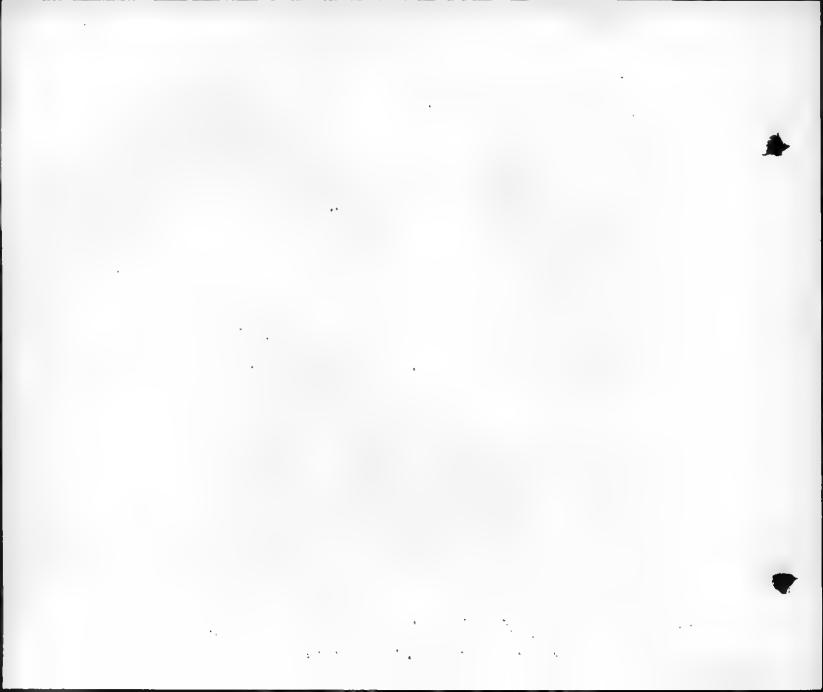
VS A15 (4) 15M 9/55



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11307
2 8.4	100 M	11325 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
should b		PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) O. STATE Maryland D. COUNTY Charles
Page A		b CHY OR TOWN (If outside corporate lights, write AURAL and give nearest town) cod give negrest town) Light au Nead C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TINDIAN Head
tar to	Y	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARMA.
ol of or	/\	Blair Road Blair Road YES NOW
funer or yau		(Type or print) C. N AUDICY BC 4 SP DEATH DEATH DE 19 19 Cos SEX , 6. CÓLOR OR RACE 7. MARRIED F NEVER MARRIED [7] 8. DATE OF BIRTH 9. AGE (In your LIFUNDER TYRAK IF UNDER 24 HRS
to the in the		MIDOWED DIVORCED S-23-03 STyrs. Months Days Hours Min.
, and 3 be retained and 2 w	1-1-	USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY Powder Worker U.S. Navy Propelent Charles County, Md. U.S.A.
, . g -		FATHER'S NAME Plant 14. MOTHER'S MAIDEN NAME
oges Poge	0	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
Zive P		No Yes Mrs. Viola Robey - Pisgah, Maryland
pencil in Item 18. a plang with farm PAX: burial-transit permit		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), the conditions of the couse (o), stating the underlying DUE TO
fice o		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
pending ner's Of be used		PERFORMED?Y YES NO
ward 'per Exominer hould be	O	20d. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)
the wallical Ex		20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (Stote) Hour o. m. While Not while of work o
A Me		21. I certify that I taak charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find the
Chief TOR:		death resulted from: Matural causes . Accident . Suicide . Homicide . Undetermined cause .
lificate to the DIREC		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
orward FUNERAL	removal	EXAMINER'S EJEDELEN ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUT
forwar forwar	5 6	P. BUR AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote)
. Y	3	FUNERAL DIRECTOR'S SIGNATURE / ADDRESS 240. RECID BY REGISTRAR'S SIGNATURE
S. A15ME(: 5M 9/55	5) 4 14	repart Funeral Home Inc Le Plata Md DATE NOV 1'60 author S. Kraus



	1	11326 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH
Page 4	director.	Reg. Dist. No. 1. PLACE OF DEATH o. COUNTY Charles Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) of STATE Maryland Charles
eath.	E(C)	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
s after d	the funda	La lata d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Physicians Memorial Hospital Waldorf d. STREET ADDRESS OR INSTITUTION Physicians Memorial Hospital
24 hou	lled in	3. NAME OF DECEASED (Type or print) RASU BOY Shorter 4. DATE Month Day Year OF DEATH October 3 19 6
within		5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years life under 1 YEAR IF UNDER 24 F lost birthday) Manths Days House Mile Mile
xecuted	d comp	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11. 8IRTHPLACE (State or foreign country) 12.CITIZEN OF WHAT COUNT during most of working life, even if retired)
pe e	rban rer d	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
a e	iciar e ca s af	Joseph Comas Shorter Elizabeth Ann Proctor
certific	ng phys s remay 72 hau	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dores of service) (New Yes, no, or unknown) (If yes, give wor or dores of service)
e law requires that the death	instructions to the aftending seem of transity permit. Then pleas and and in any event within	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY [MMEDIATE CAUSE (b)] DUE TO Canditions, If any, which gove rise to immediate cause (a), stating the under-lying cause last. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED. YES NO
IAN: Th	ifficate ho the buri	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC	this cert ir use as rematiar	20c. TIME OF INJURY Month, Doy, Year Haur a.m. 19 While Nat while at wark at wark at wark 19 Nat while 20 Nat wark 19 Nat war
A ATTENDING	A DIRECTOR: After hauld be detached fa rar prior to burial, at	21. I certify that I attended the deceased fram 16 3, 19 6 70 5 5 5 7 7, 19 that I last saw the deceased alive on 19 0, and that death occurred at 19 M, from the causes and on the date stated about ADDRESS (Street, city ar town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)
THOSPIT	o FUNERAL page 3 sharther registral	220 BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d-LOCATION (City, town, or county) ASSOLUTION (City, town, or county)
	A15 (4) 9/58	## ADDRESS WALDON DATE OCT 13'60 Cultur & Kuns



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** of director, filed with PLACE OF DEATH · COUNTY o. STATE MARYLAND CIPTOR TOWN (If outside corporate limits, write RDRAL and give neares) own) c. LENGTH OF STAY IN 16 shauld be W NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS × 0 within 24 haurs NAME OF First z 4. DATE Mrddle Lost DECEASED DEATH (Type or print) 6. COLOR OR RACE S. SEX 8. DATE OF BIRTH 7. MARRIED NEVER MARRIES WIDOWED [7] DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) duging most of working life, even if retired) 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME OK hoprs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (6) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) requires that the DUE TO ģ Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underburial-transit lying cause lost, 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, Day, Year 20d INJURY OCCURRED 20f (City or town) factory, street, office bldg, etc.) Hour o.m. While Not while at work at work 21. I certify that I attended the deceased from. alive on DIRECT ACTUAL SIGNATURE 200 ped ĕ should PHYSICIAN'S NAME (Type) 0 BURIAL CREMATION, 22b. DATE THEREO! CEMETERY OR CREMATORY BEMOVAL (Specify) o **FUNERAL DIRECTOR'S SIGNATURE** ADDRESS 24g. REC'D BY REGISTRAR

2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY c. CITY QR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Month Doy Year 19/0 9. AGE (In years lost birthday) IF UNDER TYEAR IF UNDER 24 HRS Months Doys Hours Min. yn. 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T (County) (State) that I last saw the deceased and that death accurred at _____M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, town, or county) (State) 245 REGISTRAR'S SIGNATURE Calmy & Frank DATE

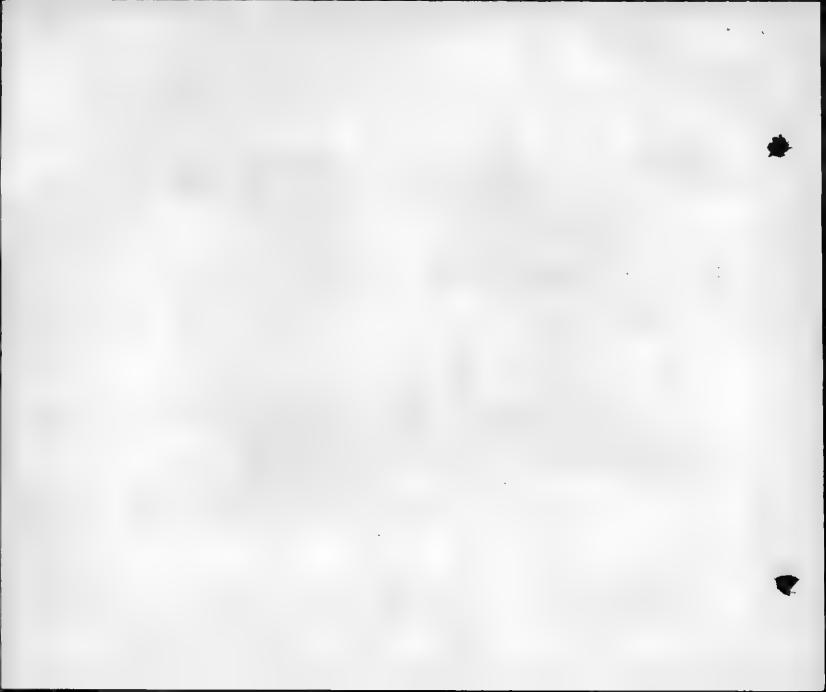
Reg. Dist. No

VS A1S (4) 1SM 9/SS



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18 11310 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11328 Reg. Dist. No. cremation 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence Defore admission) 1. PLACE OF DEATH. a. COUNTY b. COUNTY a. STATE MARYLAND c, CITY OR TOWN (Isoutside corporate limits, write RURACand give nearest town) b. CITY OR TOWN III outside corporate firmits, withe RURAL c. LENGTH OF STAY IN 16 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO 1 3. NAME OF Middle 4. DATE Manth Doy Year. OF DEATH (Type or print) 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED THE DATE OF SIRTH Manths Days WIDOWED TO DIVORCED [yrs. 10a JUSUAL OCCUPATION (Give find of work done 10b. KIND OF BUSINESS OR INDUSTRY during room of warking life experif retired) 12. CITIZEN OF WHAT COUNTRY? 11. SIRTHPLACE (State-or foreign country 14. MOTHER'S MAIDEN NAME es 1 c 3. FATHER'S NAME poges Poges 17. INFORMAN 15. WAS DECEASED EVER IN U. STARMED FORCES? Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which pencil along . gave rise to immediate cause **DUE TO** (a), stating the underlying couse lost 'pending" in iner's Office o D PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY used as CERTIFICATION PERFORMED? YES [NO 4 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in/Part I or Part II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY | ar CONTRIBUTING writing the ward "phief Medical Examin OR: Page 3 should b CAUSE OF DEATH. 20d. INJURY OCCORRED 20e. PLACE OF INJURY (Home, form, 20f. [City or town] (County) (State) Month, Day, Year 20c. TIME OF INJURY at work at work /I certify that I took charge of the remains described above, held an Kutopsy and find that Inquiry' Accident . Suicide . Natural causes Homicide Undétermined cause death resulted from DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR 0 0 forwarded in ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State) 220 BURIAL CREMATION. 226. DATE THEREOF REMOVAL (Specify) 246. REGISTRAR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR FUNERAL DIRECTOR'S SIGNATUR VS. A15ME(5) arthur S. Kraus Homos

5M 9/55

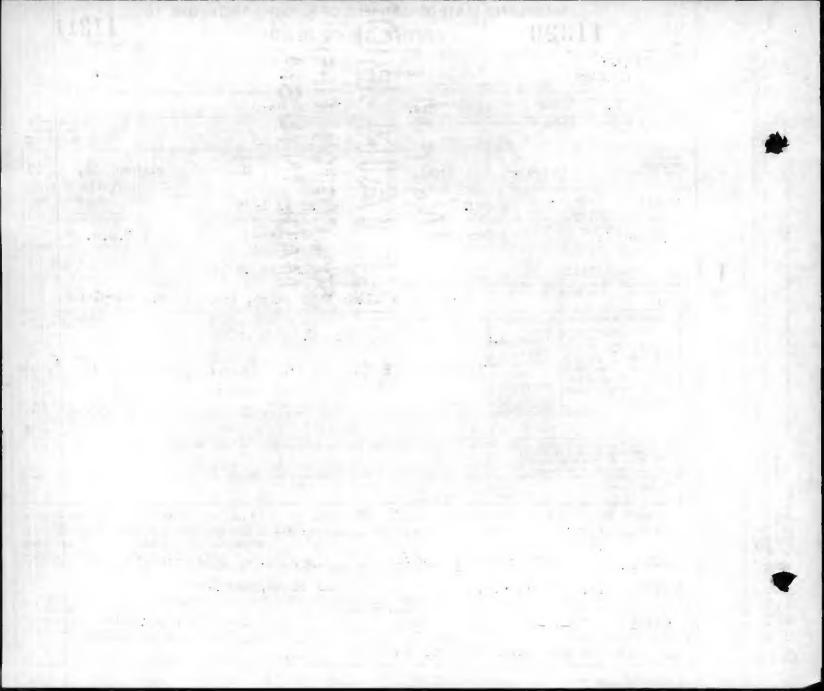


VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
329
CERTIFICATE OF DEATH 11329

11311 Reg. Dist. No.

o. COUNTY Ch.	arles	MARYLAND	o. STATE Md. b. COUNTY Charles					
b. CITY OR TOWN RURAL and give La Plat		c. LENGTH OF STAY IN 16	c. city or town (if Indian He	outside corporate limit 32d	s, write RURAL and g	ive nearest town)		
OR INSTITUTION	PITAL (If not in hospitol, give stree vians Memorial		a. street address	65		e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	Margaret	Middle Ann	Welch	4. DATE OF DEATH	Month October	27, Year 27, 19 60		
s. sex Female	6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH November 3.	1885 9. AGE lost b	1 1 1	TYEAR IF UNDER 24 HRS Doys Hours Min.		
10a. USUAL OCCUPAT during most of we Housewi	TION (Give kind of work done 10borking life, even if refired)	KIND OF BUSINESS OR INDU				ZEN OF WHAT COUNTRY		
13. FATHER'S NAME Jame	s Welch		14. MOTHER'S MAIDEN Mary Elean					
	VER IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)		NFORMANT .lton Earl We	lch, Indian	Address Head, Ma	ryland		
Conditions, if gove rise to couse (o), stotin lying couse los	immediate DUE TO	gentersin Ax	~	Cardio.		5 hour		
20g. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	THER SIGNIFICANT CONDITIONS WAS UNDERLYING CAUSE OF DEATH FY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE				PERFORMED? YES NO		
	that I attended the decea	sed from OCX.	ACE OF INJURY (Home, for ctary, street, affice bldg., et	Oct. 27	19/ex, that I las	ounty) (State		
ACTUAL SIGNATURE	PHYSICIAN'S A O WOODDY M D							
220. BURIAL, CREMAT REMOVAL (Specif Burial		22c. NAME OF CEMETERY C	OR CREMATORY	La Plat	y, town, or county) a, Marylar	(State)		
23. FUNERAL DIRECTO	t Funeral Home,	Maldorf, Maryl			Chilling S. 9			



exe ion,	11330 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 312
pleose 4 should	1. PLACE OF DEATH? HARLES MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) of STATE Maryland b. COUNTY Prince Georges
Poge buriof	b. CITY OR TOWN (If autiside corporate limits, write RURAL and give nearest town) COLUMN (If autiside corporate limits, write RURAL and give nearest town) COLUMN (If autiside corporate limits, write RURAL and give nearest town)
si vis ne	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) DOA La Plata Hospital d. STREET ADDRESS 4. STREET ADDRESS ON A FARM? YES D NO IN
uneral your f egistrar	3. NAME OF DECEASED (Type or print) JOHN THORPE YATES 4. DATE Month Day Year OF DEATH 10 2/ 1960
th. If on the fined for ith the r	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6. DATE OF BIRTH WIDOWED DIVORCED 4-2-01 9. AGE In years IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
ond 3 ond 3 be reto	100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Salesman Nat'l. Press Maryland U. S. A.
Jes 1, 2, 5 may 2ges 1 o	13. FATHER'S NAME HARLES VATES 14. MOTHER'S MAIDEN NAME THORPE
File po	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. INFORMANT Address 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
n 18. Gram PM3.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) ONONARY OCCLUSION INTERVAL BETWEEN ONSET AND DEATH 10 -2/-60
Be exected in the with for with for the strong it is a second in the sec	Canditians, if any, which) (b)
shavid n penci o burial	gave rise to immediate cause (a), stating the underlying cause last. (c) (c)
ding" office of seed os	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
This cerrd 'per caminer ould be	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II af item 18.)
AINER: The wordicol Eige 3 sha	20c. TIME OF INJURY Month, Day, Year Heur a. m. p. m. 19 20d. INJURY OCCURRED While Not while at work at work at work 19 20d. INJURY (Home, form, factory, street, office bldg., etc.)
writing writing OR: Poc	21. I certify that I tack charge af the remains described above, held an Autapsy . Inspection . Inquiry . and find that death resulted from Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
ficate, if cate, a the C	ACTUAL SIGNATURE ADDICAL EXAMINER DATE SIGNIED
DEPUTY orword FUNERAL r remavel.	EXAMINER'S EJELEN HD ASSISTANT MEDICAL EXAMINER 1 10-21-4
TO PE	220. BURIAL CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BURIAL CREMATION, 122b. DATE THEREOF (Stote) 10/25/60 Cedar Hill cemetery rince Georges Co. Md.
VS. A15ME(5) 5M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE OCT 2 5 '60 Continue & Kinnes

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

